County: Calumet
CHILTON HEALTH AND REHAB
810 MEMORIAL DRIVE
CHILTON 53014

CHILTON 53014 Phone: (920) 849-2308
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 81
Total Licensed Bed Capacity (12/31/00): 101
Number of Residents on 12/31/00: 60

Ownership: Corr Highest Level License: Ski Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Yes Average Daily Census: 68

Corporation Skilled No Yes 68

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	26. 7 33. 3
Supp. Home Care-Household Services Day Services	No Yes	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 20. 0	Under 65 65 - 74	1. 7 6. 7	More Than 4 Years	40. 0
Respite Care Adult Day Care	Yes No	Mental Illness (Other) Alcohol & Other Drug Abuse	15. 0 0. 0	75 - 84 85 - 94	33. 3 51. 7	*********	100.0
Adult Day Health Care	No	Para-, Quadra-, Hemi'pl egi c	0.0	95 & 0ver	6. 7	Full-Time Equivaler	
Congregate Meals Home Deliyered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	esi dents
Other Meals Transportation	Yes No	Cardi ovascul ar Cerebrovascul ar	31. 7 8. 3	65 & 0ver	98. 3	 RNs	5. 9
Referral Service Other Services	No No	Di abetes Respi ratory	5. 0 10. 0	Sex	%	LPNs Nursing Assistants	11. 2
Provi de Day Programmi ng for Mentally Ill	No	Other Medical Conditions	10.0	Male Female	36. 7 63. 3	Ai des & Orderlies	31. 2
Provi de Day Programming for			100. 0	remare			
Developmentally Disabled ************************************	No ****	***********	*****	 ***********	100. 0 ******	 ************	******

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)						Private Pay			Managed Care			Percent
			Per Die	em		Per Die			Per Diei	n		Per Dien		F	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 2	\$102. 45	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 7%
Skilled Care	5	100.0	\$225. 24	35	77.8	\$88. 25	0	0.0	\$0.00	8	80.0	\$125.00	0	0. 0	\$0. 00	48	80.0%
Intermedi ate				9	20.0	\$74.06	0	0.0	\$0.00	2	20.0	\$115.00	0	0. 0	\$0.00	11	18. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100. 0		45	100. 0		0	0. 0		10	100. 0		0	0.0		60	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti ons,	Servi ces,	and Activities as of	12/31/00
beachs builing kepoteting terrou]		% Need	li ng		Total
Percent Admissions from:		Activities of	%	Assistan		% Totally	Number of
Private Home/No Home Health	2.9	Daily Living (ADL)	Independent	One Or Tw	vo Staff	Dependent	Resi dents
Private Home/With Home Health	3. 9	Bathi ng	Ò . 0	68.		31. 7	60
Other Nursing Homes	1.0	Dressing	28. 3	41.		30. 0	60
Acute Care Hospitals	84. 3	Transferring	35. 0	35.		30. 0	60
Psych. HospMR/DD Facilities	1.0	Toilet Use	33. 3	33.		33. 3	60
Rehabilitation Hospitals	0.0	Eati ng	68. 3	5.	0	26. 7	60
Other Locations	6. 9	*********	******	******	******	* * * * * * * * * * * * * * * * * * *	*******
Total Number of Admissions	102	Continence	1 0 .1 .		cial Treat		%
Percent Discharges To:		Indwelling_Or Externa				Respiratory Care	16. 7
Private Home/No Home Health	3. 2	Occ/Freq. Incontinent				Tracheostomy Care	0. 0
Private Home/With Home Health	13. 7	0cc/Freq. Incontinent	of Bowel			Sucti oni ng	0. 0
Other Nursing Homes	8. 1					Ostomy Care	1. 7
Acute Care Hospitals	32. 3	Mobility		Re	ecei vi ng ˈ	Гube Feedi ng	1. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained		3. 3 Re	ecei vi ng 🛚	Mechanically Altered Di	iets 20.0
Reĥabilitation Hospitals	0.0						
Other Locations	9. 7	Skin Care				nt Characteristics	
Deaths	33. 1	With Pressure Sores			ive Advano	ce Directives	100. 0
Total Number of Discharges		With Rashes		1.7 Medi	cati ons		
(Including Deaths)	124	1		Re	ecei vi ng 🛚	Psychoactive Drugs	45. 0
************	*****	**********	*********	******	******	*********	******

	Ownershi p:		Bed	Si ze:	Li ce	ensure:			
	Thi s	Propri etary		100- 199		Skilled		Al l	
	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	67. 3	82. 5	0.82	83. 6	0. 81	84. 1	0.80	84. 5	0.80
Current Residents from In-County	88. 3	83. 3	1.06	86. 1	1.03	83. 5	1.06	77. 5	1. 14
Admissions from In-County, Still Residing	11. 8	19. 9	0. 59	22. 5	0. 52	22. 9	0. 51	21. 5	0. 55
Admi ssi ons/Average Daily Census	150. 0	170. 1	0. 88	144. 6	1.04	134. 3	1. 12	124. 3	1. 21
Discharges/Average Daily Census	182. 4	170. 7	1. 07	146. 1	1. 25	135. 6	1. 34	126. 1	1.45
Discharges To Private Residence/Average Daily Census	30. 9	70. 8	0.44	56 . 1	0. 55	53. 6	0. 58	49. 9	0. 62
Residents Receiving Skilled Care	81. 7	91. 2	0. 90	91. 5	0.89	90. 1	0. 91	83. 3	0. 98
Residents Aged 65 and Older	98. 3	93. 7	1. 05	92. 9	1.06	92. 7	1.06	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	75. 0	62. 6	1. 20	63. 9	1. 17	63. 5	1. 18	69. 0	1.09
Private Pay Funded Residents	16. 7	24. 4	0. 68	24. 5	0. 68	27. 0	0. 62	22. 6	0. 74
Developmentally Disabled Residents	0. 0	0. 8	0.00	0. 8	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	35. 0	30. 6	1. 14	36. 0	0. 97	37. 3	0. 94	33. 3	1.05
General Medical Service Residents	10. 0	19. 9	0. 50	21. 1	0.47	19. 2	0. 52	18. 4	0. 54
Impaired ADL (Mean)	49. 3	48. 6	1.02	50. 5	0. 98	49. 7	0. 99	49. 4	1.00
Psychological Problems	45. 0	47. 2	0. 95	49. 4	0. 91	50. 7	0.89	50. 1	0. 90
Nursing Care Required (Mean)	5. 6	6. 2	0. 91	6. 2	0. 91	6. 4	0.87	7. 2	0.79